



SITTINGBOURNE AND MILTON URBAN DISTRICT COUNCIL

ANNUAL REPORT

ON THE
PUBLIC HEALTH SERVICES
FOR
1951

Medical Officer of Health

COLONEL W. H. CRICHTON, C.I.E., I.M.S. (Ret.)
M.B., Ch.B. (Edin.), D.P.H. (Lond.)

Acting Medical Officer of Health

FRANK HAUXWELL, M.B., Ch.B. (Glas.), D.P.H. (Cantab.)



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b300888367>



SITTINGBOURNE AND MILTON URBAN DISTRICT COUNCIL

ANNUAL REPORT

ON THE

PUBLIC HEALTH SERVICES

FOR

1951

Medical Officer of Health

COLONEL W. H. CRICHTON, C.I.E., I.M.S. (Ret.)

M.B., Ch.B. (Edin.), D.P.H. (Lond.)

Acting Medical Officer of Health

FRANK HAUXWELL, M.B., Ch.B. (Glas.), D.P.H. (Cantab.)

CONTENTS

	Page
Gen. 1 Sittingbourne & Milton Urban District Council	3
„ 2 Staff of the Public Health Department ...	4
Address 	5
Sect. I. Social Conditions 	8
„ II. Vital Statistics 	9
„ III. Infectious and Other Diseases 	14
„ IV. General Provisions of Health Services in the Area 	19
„ V. Sanitary Circumstances of the Area 	21
„ VI. Inspection and Supervision of Food 	24
„ VII. Disinfection, Disinfestation and Rodent Control	31
„ VIII. Housing 	33
„ IX. Factories Administration 	35
Appendix “ A ” 	36
Appendix “ B ” 	37
Appendix “ C ” 	38
Appendix “ D ” 	40
Appendix “ E ” 	42
Appendix “ F ” 	49

SITTINGBOURNE & MILTON URBAN DISTRICT COUNCIL

Chairman :

Mr. D. Knowles, J.P.*

Vice-Chairman :

Mrs. M. H. Rees*

Councillors :

G. T. Arnold

A. Bottle*

T. Buggs, J.P.

M. F. Davis*

L. M. Easton, J.P.*

Mrs. D. Elvy

S. F. J. Forster

H. S. Gilham

P. J. Hannon

N. C. Heard*

Mrs. G. E. High*

W. H. Mount*

H. I. Price*

H. A. J. Shortland*

T. Wicks*

W. Wyllie*

*Members of Health Committee

PUBLIC HEALTH DEPARTMENT

Medical Officer of Health :

Colonel W. H. Crichton, C.I.E., I.M.S. (RET.), M.B., CH.B., D.P.H.
(Granted leave of absence from September, 1950)

Frank Hauxwell, M.B., CH.B., D.P.H.

(Acting Medical Officer of Health from January, 1951)

Chief Sanitary Inspector :

Mr. Alexander Leslie, M.S.I.A.

Additional Sanitary Inspector :

Mr. A. H. Hayes, M.R.SAN.I., M.S.I.A.
(until 31st October, 1951)

Mr. J. W. Kendall
(from 1st December, 1951)

Rodent Operator :

Mr. W. G. Chamberlain

Chief Clerk :

Mr. O. A. Kent

Clerks :

Mrs. P. Atkins
Miss M. Scarr

SITTINGBOURNE AND MILTON URBAN DISTRICT COUNCIL

HEALTH OFFICES,
JOHNSON HOUSE,
BURLEY ROAD,
SITTINGBOURNE, KENT.

November, 1952.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit herewith the Annual Report on the health of Sittingbourne for the year 1951.

According to the Census taken on the night of 8/9th April, 1951, the resident population of the area was 21,904. This represents an increase of 1,727 (8.6%) in comparison with the Census of 1931. The Registrar General's mid-year estimate for 1951 was 21,920 which showed a decrease of 420 on the estimated mid-year population for 1950.

The Birth Rate for the year was 15.8 per thousand of the population which shows a slight increase in the rate of 15.3 for the previous year. This rate is, however, still much below those of the immediate post-war years and appears to follow a national trend towards rates more in line with those occurring in pre-war years. The corrected Birth Rate at 15.9 per thousand is, however, still slightly higher than that of England and Wales as a whole, i.e., 15.5 per thousand.

The Death Rate at 12.0 per thousand shows an increase on the rate of 10.2 for the previous year. The increase appeared to be mainly in deaths occurring from Heart and Respiratory conditions, especially in the older age groups, and no doubt the cold, wet spring had some influence on these deaths.

During the year there was a regrettable increase in the number of deaths of infants under one year of age, the number dying being nearly double that of the previous year.

The Infant Mortality Rate at 40.3 per thousand births is the highest since 1944. A rather disquieting feature is that despite all the schemes for ante-natal care and supervision of the expectant mothers, 9 out of the 14 infant deaths that occurred were attributed to conditions associated with prematurity or congenital defects. The matter is discussed further in the Report under the heading for Infant Mortality. The rate for England and Wales as a whole was 29.6.

There were fewer cases of Infectious Disease in 1951 than in

the previous year, mainly due to a reduction in the number of cases of Measles and Scarlet Fever. There was, however, a considerable increase in the notifications of Whooping Cough, the number notified being the highest recorded during the past ten years. There were five cases of Acute Poliomyelitis during the year and these occurred mainly in the months of September and October, but no deaths were recorded as occurring from this disease.

For the fourth year in succession there were no cases of Diphtheria.

Although there was a small decrease in the number of notifications of Pulmonary Tuberculosis received during the year, there was a small increase in the Death Rate as compared with the previous year when it reached the remarkably low figure of 0.4 per 10,000 of the population. The Death Rate for 1951 at 1.3 per 10,000 of the population is, however, the second lowest rate recorded during the past twenty-two years.

With regard to that portion of the Report relating to the general sanitary condition of the area, supervision of food supplies and housing, I am indebted to Mr. Leslie, Chief Sanitary Inspector. I would especially draw attention to Mr. Leslie's report (printed as Appendix "E") analysing the Council's housing application list as at 11th January, 1952.

The position in regard to many existing dwelling houses is becoming increasingly serious. Owing to the high cost of building repairs and the small return received from these properties, it is becoming most difficult to persuade landlords to spend money in keeping such property in good order and repair. Without proper maintenance these houses will become increasingly dilapidated and will ultimately form further slum property to be dealt with by demolition. At the present moment it is estimated that there are approximately 300 houses in the area which, by reason of their disrepair and sanitary defects, are unfit for human habitation. Many of these properties are in an area liable to flooding and it is hoped that a scheme for dealing with such properties will be proceeded with at an early date.

Re-housing on social grounds (that is, applicants with no homes of their own or living in overcrowded conditions) is, at the moment, an urgent problem, but equally, if not more urgent, is the necessity of re-housing for health reasons those at present living under insanitary conditions.

During the year the Council considered the question of the Mortuary accommodation provided for the area, and approached the Medway and Gravesend Hospital Management Committee with

a view to the use of accommodation at the Milton Regis Hospital. The Hospital Authorities have indicated their agreement to such proposals but, as they involve some reconstruction in their present Mortuary, there has been some delay in carrying out the project. It is to be hoped that these delays will be overcome at an early date. A special report by the Chief Sanitary Inspector on the position in regard to the Mortuary is printed as Appendix "F."

Generally speaking, food shops and food preparing premises reached a high standard of cleanliness and shopkeepers are only too willing to co-operate with the Sanitary Department in regard to any improvements required.

It is to be regretted that no change has yet been made in connection with improving the accommodation at the slaughter house. The accommodation there is much too limited for the work done and the conditions under which inspection of meat is carried out make the Inspector's work very difficult indeed.

In carrying on the work of the Department I am greatly indebted to all members of the staff for their ever cheerful and helpful assistance and especially am I indebted to Mr. Leslie, Chief Sanitary Inspector, who despite his manifold duties can always find time to help in solving problems.

I would also take this opportunity of thanking members of the Council for their encouragement and kindly consideration.

I have the honour to be,

Your obedient Servant,

FRANK HAUXWELL,

Medical Officer of Health.

Section I

SOCIAL CONDITIONS

1. CLIMATOLOGY

The Spring of 1951 was unusually wet and cold with further heavy rainfall in the Autumn. The total rainfall for the year at 37.19 inches was approximately 10 inches greater than in the previous year and is the highest recorded during the past 20 years.

Monthly rainfall readings recorded at Highsted Waterworks over the past four years are shown in Appendix "A."

2. AREA IN ACRES

Land and Inland Water ...	...	...	4,935
No change.			

3. POPULATION

The estimated mid-year population for 1951, as given by the Registrar General, was 21,920, a decrease of 420 on the estimated mid-year population for 1950, but an increase of 16 over the Census figures taken in April, 1951.

A comparison of the Census figures for 1951 with those of 1931 are shown in the following statement :—

	Males	Females	Total Persons
Census—1931 ...	10,086	10,091	20,177
Census—1951 ...	10,719	11,185	21,904
Censal Increase or Decrease ...	+ 633	+ 1,094	+ 1,727
% of 1931 Census	+ 6.2	+ 10.8	+ 8.6

4. NUMBER OF INHABITED HOUSES

The number of inhabited houses at the end of 1951 was 6,578, an increase of 85 on the preceding year.

5. RATEABLE VALUE

The rateable value has risen to £167,727 as compared with £152,700 in 1950.

6. SUM REPRESENTING PENNY RATE

The sum representing the penny rate is £690 as compared with £598 10s. 0d. in 1950.

Section II

VITAL STATISTICS

1. BIRTHS

The number of births (347) shows a slight increase over that for 1950 (343), but the figure is still much below the years 1949 (374) ; 1948 (397) and 1947 (532).

(a) Live Births

		Males	Females	Totals
Legitimate	...	183 (154)	149 (174)	332 (328)*
Illegitimate	...	8 (6)	7 (9)	15 (15)
Totals	...	191 (160)	156 (183)	347 (343)

The percentage of illegitimate births was the same as for 1950, i.e. 4.5%, as against 5.3% in 1949 ; 3.1% in 1948 and 4.5% in 1947.

(b) Birth Rate

The crude birth rate per 1,000 of the population rose to 15.8 in 1951 as against 15.3 in 1950, but this figure is still much below those for 1949 (16.8) ; 1948 (17.8) and 1947 (24.4).

The corrected birth rate is 15.9, which is slightly higher than that of England and Wales as a whole, i.e., 15.5 per thousand.

(c) Still-Births

Eight still-births occurred during the year, as compared with seven for each of the years 1950, 1949 and 1948, and 15 in 1947. The percentage of still-births to live births still maintains a slight upward trend—2.3% as against 2.0% in 1950 ; 1.8% in 1949 ; 1.7% in 1948 and 2.8% in 1947. One still-birth (female) was illegitimate.

2. DEATHS

(a) The number of deaths during the year was 265 as against 228 in 1950 ; 271 in 1949 ; 228 in 1948 and 248 in 1947. Of these 147 were males and 118 were females. The corresponding figures

Footnote.—*Figures in brackets relate to the preceding year.

for previous years were 120-108 in 1950 ; 152-119 in 1949 ; 135-93 in 1948 and 127-121 in 1947. The average age of death was 65.9, being 63.9 for males and 68.5 for females. The oldest death was that of a male aged 94 years.

The following table shows the age groups in which the deaths occurred :—

TABLE I

Sex	Under 1 Year	1-	5-	15-	25-	35-	45-	55-	65-	75-	85 and Over	T't'l
Males	7	2	—	4	—	5	10	27	47	30	15	147
Females	7	—	—	2	—	2	6	13	27	35	26	118
Total	14	2	—	6	—	7	16	40	74	65	41	265

(b) Death Rate

The crude death rate per thousand of the estimated population was 12.0, as compared with 10.2 in 1950, 12.2 in 1949, 10.2 in 1948 and 11.5 in 1947.

The corrected death rate was 11.4 which compares favourably with the rate for England and Wales as a whole, i.e., 12.5 per thousand.

(c) The causes of Death are set out in Table II below, as received from the Registrar General, and classified under 36 headings based on the Abbreviated List of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948.

TABLE II

Disease	Males	Females	Totals
1. Tuberculosis, respiratory ...	1 (1)*	2 (—)*	3 (1)*
2. Tuberculosis, other ...	— (—)	— (1)	— (1)
3. Syphilitic disease ...	2 (3)	— (1)	2 (4)
4. Diphtheria ...	— (—)	— (—)	— (—)
5. Whooping Cough ...	— (—)	— (—)	— (—)
6. Meningococcal infections ...	— (—)	— (—)	— (—)
7. Acute Poliomyelitis ...	— (—)	— (—)	— (—)
8. Measles ...	— (—)	— (—)	— (—)
9. Other infective and parasitic diseases ...	1 (1)	— (1)	1 (2)
10. Malignant neoplasm, stomach	5 (2)	6 (1)	11 (3)
11. Malignant neoplasm, lung bronchus ...	5 (6)	1 (—)	6 (6)
12. Malignant neoplasm, breast	— (—)	3 (4)	3 (4)
13. Malignant neoplasm, uterus	— (—)	2 (3)	2 (3)
14. Other malignant and lymphatic neoplasms ...	7 (13)	6 (4)	13 (17)
15. Leukaemia, Aleukaemia ...	1 (—)	— (—)	1 (—)
16. Diabetes ...	3 (2)	— (1)	3 (3)
17. Vascular lesions of nervous system ...	10 (11)	22 (18)	32 (29)
18. Coronary disease, angina ...	23 (18)	11 (8)	34 (26)
19. Hypertension with heart disease ...	4 (3)	1 (3)	5 (6)
20. Other heart diseases ...	38 (26)	40 (36)	78 (62)
21. Other circulatory disease ...	2 (3)	3 (4)	5 (7)
22. influenza ...	5 (2)	1 (1)	6 (3)
23. Pneumonia ...	6 (7)	2 (1)	8 (8)
24. Bronchitis ...	10 (4)	3 (2)	13 (6)
25. Other diseases of respiratory system ...	— (2)	— (—)	— (2)
26. Ulcer of stomach and duodenum ...	4 (4)	— (—)	4 (4)
27. Gastritis, enteritis and diarrhoea ...	1 (—)	— (—)	1 (—)
28. Nephritis and nephrosis ...	1 (3)	1 (1)	2 (4)
29. Hyperplasia and prostate ...	2 (1)	— (—)	2 (1)
30. Pregnancy, childbirth, abortion ...	— (—)	— (1)	— (1)
31. Congenital malformations ...	1 (—)	1 (—)	2 (—)
32. Other defined and ill-defined diseases ...	7 (5)	12 (14)	19 (19)
33. Motor vehicle accidents ...	3 (—)	— (—)	3 (—)
34. All other accidents ...	3 (2)	1 (3)	4 (5)
35. Suicide ...	2 (1)	— (—)	2 (1)
36. Homicide and operations of war ...	— (—)	— (—)	— (—)
Totals ...	147 (120)	118 (108)	265 (228)

The increase in the deaths which occurred during 1951 appears to be mainly amongst those associated with Heart and other vascu-

lar conditions, which is not surprising considering the increasing proportion of older people in the area. There is a slight increase in the deaths from malignant diseases and this is mainly in Cancer of the Stomach. There is also some increase in deaths from Influenza and respiratory diseases, probably associated with the cold, wet weather at the beginning of the year. It is satisfactory to note there were no deaths associated with pregnancy or confinement during 1951.

(d) The following Table gives details of Deaths, Births and Infantile Mortality for the period 1930 to 1951.

TABLE III

Year	Deaths			Births				Infant Mortality				
	Population	Number of deaths at all ages.	Crude Death Rate per 1,000 of the population.	Legitimate.	Illegitimate.	Total.	Birth Rate per 1,000 of the Population.	Still-Births.	Legitimate	Illegitimate	Total	Deaths of Infants under 1 Year of Age per 1,000 Births.
1930	19,838	257	12.8	332	20	352	17.6	7	14	1	15	42.6
1931	20,175	226	11.2	339	6	345	17.1	7	10	1	11	31.8
1932	20,320	222	10.9	342	13	355	17.4	12	22	1	23	64.7
1933	20,350	256	12.5	337	13	350	17.1	14	22	—	22	62
1934	20,480	265	12.9	321	8	329	16.0	10	16	2	18	54
1935	20,700	237	11.4	340	8	348	16.4	15	11	—	11	32
1936	20,920	245	11.7	296	11	307	14.6	15	12	—	12	39
1937	20,880	244	11.6	322	13	335	16.0	1	11	—	11	32
1938	20,950	218	10.4	293	10	303	14.4	14	9	1	10	33
1939	20,860	262	12.4	318	10	328	15.7	15	8	1	9	27
1940	20,670	280	13.5	311	9	320	15.4	10	18	1	19	57
1941	19,880	247	12.4	257	11	268	13.4	7	6	—	6	22
1942	19,270	233	12.0	291	18	309	16.0	9	16	—	16	51
1943	18,790	249	13.2	334	14	348	18.5	13	17	—	17	48.8
1944	18,790	231	12.2	340	31	371	19.7	9	16	4	20	53.9
1945	19,140	236	12.3	350	34	384	20.0	11	12	3	15	39
1946	21,040	230	10.9	419	31	450	21.3	12	13	1	14	31
1947	21,560	248	11.5	509	23	532	24.4	15	17	—	17	32
1948	22,240	228	10.2	385	12	397	17.8	7	8	—	8	22
1949	22,150	271	12.2	355	19	374	16.8	7	15	—	15	37.4
1950	22,340	228	10.2	328	15	343	15.3	7	8	—	8	23
1951	21,920	265	12.0	332	15	347	15.8	8	14	—	14	40.3

The above Table is interesting as showing the effect of the war years in producing consistently high death rates and rates of infant mortality and of the immediate post-war years in resulting high birth rates. In more recent years there appears to be a trend towards pre-war standards and it should now be our aim to improve on these. There is certainly room for improvement in the infant mortality rate.

3. INFANT MORTALITY

(a) There was a considerable increase in the number of deaths of infants under one year of age, there being 14 such deaths in 1951 compared with eight in 1950. This gave an infant mortality rate of 40.3 per thousand births as compared with 23 per thousand for the previous year. The average for the five year period 1946-50 was 29.5 and for the period 1941-45 44.0. The infant mortality rate for England and Wales for 1951 was 29.6 per thousand live births.

(b) The detailed causes of death among infants were as follows:—

TABLE IV

Cause	Sex	Age at Death	Place of Birth	Place of Death
Extreme Prematurity ...	F	30 mins.	Home	In ambulance on way to Hospital
Pneumonia	M	1 week	Home	Hospital
Asphyxia and Atelectasis—Prematurity	M	2 days	Hospital	Hospital
Extreme Prematurity ...	M	10 hours	Hospital	Hospital
Prematurity and immaturity—Early rupture of membranes	F	2 hours	Hospital	Hospital
Atelectasis—Prematurity ...	F	2 days	Hospital	Hospital
Prematurity	F	2 days	Hospital	Hospital
Congenital hydrocephalus ...	M	20 hours	Hospital	Hospital
Myocardial failure — Congenital pyloric stenosis. (Operation 3 days before death.)	F	1 month	Nursing Home	Hospital
Capillary broncho - pneumonia	M	3 months	Hospital	Home
Respiratory failure — Acute Oedema of brain	F	8 days	Home	Home
Acute Capillary Bronchiolitis	M	7 weeks	Home	Home
Atelectasis—Prematurity ...	F	2 hours	Home	Home
Acute Bronchitis	M	2 months	Home	Home

From this Table it will be seen that nine of the 14 deaths that occurred were infants aged one week or less and that in nearly all of them the cause of death is given as associated with prematurity. By prematurity technically are included all children less than 5½ lbs. weight at birth—some may be full time. This does not, however, alter the disquieting fact that so many of these children die before their second week of life. The reason for it is hard to explain especially by a Medical Officer not in current contact with Maternity and Child Welfare Services, but it does stress the importance of these services and the need for even better ante-natal care and supervision of the expectant mother and for more specialised provision for the care of the premature child.

Section III

INFECTIOUS AND OTHER DISEASES

THEIR PREVALENCE AND CONTROL

1. NOTIFIABLE DISEASES—INCIDENCE

There were fewer cases of Infectious Disease in 1951 than in the previous year. This was mainly due to the reduction in the number of cases of Measles, a disease which had been very prevalent during the Spring of the previous year. Cases of Scarlet Fever were also considerably fewer than in the previous year. There was, however, a considerable increase in the incidence of Whooping Cough, the number notified (219 cases) being the highest recorded during the past ten years. Fortunately, the disease was mild in type and there were no deaths. Six cases of Acute Poliomyelitis were notified, but in only five of them was the diagnosis confirmed. These occurred mainly in the months of September and October. Three were in school children in different parts of the town and two in young adults. Two cases occurred in one family. There were no deaths. One case of Diphtheria was notified during 1951, but this proved to be not Diphtheria so that for the fourth successive year there were no cases of this disease.

(a) The total number of cases occurring, number of cases admitted to hospital and the total deaths from each disease as shown in the Registrar General's classification of deaths, are shown in the following table:—

TABLE V

Disease	No. of Cases	Admissions to Hospital or Sanatorium	Deaths
Scarlet Fever	18 (37)*	18 (24)*	— (—)*
Diphtheria	— (—)	— (—)	— (—)
Measles	226 (544)	— (—)	— (—)
Whooping Cough	219 (86)	— (2)	— (—)
Food Poisoning	1 (3)	— (2)	— (—)
Erysipelas	5 (8)	5 (5)	— (—)
Pneumonia	1 (1)	— (1)	8 (8)
Puerperal Pyrexia	3 (1)	1 (1)	— (—)
Acute Poliomyelitis	5 (2)	5 (2)	— (—)
Tuberculosis—Pulmonary	15 (18)	7 (5)	3 (1)
Non-Pulmonary	2 (6)	— (2)	— (1)
TOTALS	495 (706)	36 (44)	11 (10)

FOOTNOTE.—* Figures in brackets relate to the preceding year.

(b) The distribution by age group of the cases notified is shown in Table VI, thus :—

TABLE VI
Age Groups of Cases Notified

	Under 1 Year	1 - 3	3 - 5	5 - 10	10 - 15	15 - 25	25 - 35	35 - 45	45 - 60	60 and over	Total
Scarlet Fever	-	-	9	6	-	2	-	-	1	-	18
Diphtheria	-	-	-	-	-	-	-	-	-	-	-
Measles	10	73	97	37	7	2	-	-	-	-	226
Whooping Cough	15	77	72	54	1	-	-	-	-	-	219
Food Poisoning	-	-	-	-	-	-	-	1	-	-	1
Erysipelas	-	-	-	-	-	-	-	-	3	2	5
Pneumonia	-	-	-	-	-	-	-	-	-	1	1
Puerperal Pyrexia	-	-	-	-	-	1	2	-	-	-	3
Acute Poliomyelitis	-	-	-	3	-	2	-	-	-	-	5
Tuberculosis :—											
Pulmonary	-	-	-	1	-	4	6	1	2	1	15
Non-Pulmonary	-	-	-	-	-	2	-	-	-	-	2
TOTALS	25	150	178	101	8	13	8	2	6	4	495

(c) Table VII shows the number of cases of the infectious diseases each year during the past 10 years.

TABLE VII
INCIDENCE OF INFECTIOUS DISEASES DURING THE
UNDERMENTIONED TEN YEARS

Disease	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Smallpox	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	95	168	46	47	49	24	18	49	37	18
Diphtheria	4	2	1	2	4	1	—	—	—	—
Measles	7	476	10	364	114	75	438	222	544	226
Whooping Cough	101	6	119	53	36	33	188	63	86	219
Food Poisoning .	—	—	—	—	—	28	15	2	3	1
Dysentery	—	—	—	—	—	4	—	1	—	—
Erysipelas	7	6	8	4	4	4	3	7	8	5
Pneumonia	3	14	6	3	4	1	3	6	1	1
Typhus Fever	—	—	—	—	—	—	—	—	—	—
Typhoid and Para- typhoid Fever	1	—	—	—	1	—	—	—	—	—
Puerperal Fever .	3	3	3	5	2	2	1	—	1	3
Puerperal Pyrexia										
Ophthalmia										
Neonatorum	1	2	3	2	1	—	—	1	—	—
Acute Poliomyelitis	—	1	—	—	—	4	—	—	2	5
Encephalitis										
Lethargica	—	—	—	—	—	1	—	—	—	—
Cerebro										
Spinal Fever	3	8	1	3	6	2	1	—	—	—
Malaria	—	1	—	—	—	1	—	—	—	—

2. TUBERCULOSIS

Fifteen new cases of Pulmonary and two cases of Non-Pulmonary Tuberculosis were notified during the year. The corresponding figures for 1950 were eighteen and six.

Table VIII shows the number of Tuberculosis cases notified and number of deaths each year since 1930, and Table IX gives a summary of cases on the Tuberculosis Register during 1951.

TABLE VIII

Year	Number of Primary Notifications received		Deaths		Death Rate per 10,000 of Population	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1930	30	3	24	3	12.1	1.5
1931	19	8	11	2	5.4	0.9
1932	20	3	11	2	5.3	0.9
1933	24	1	17	1	8.3	0.4
1934	15	3	17	1	8.3	0.4
1935	12	7	9	2	4.3	0.9
1936	12	5	10	1	4.8	0.4
1937	12	9	13	—	6.2	—
1938	12	4	8	2	3.8	0.9
1939	13	4	13	2	6.2	0.9
1940	11	1	11	1	5.3	0.4
1941	9	3	7	1	3.5	0.5
1942	15	4	8	—	4.0	—
1943	9	4	8	3	4.2	1.5
1944	14	3	7	1	3.7	0.5
1945	22	2	7	1	3.0	0.5
1946	14	2	9	1	4.0	0.4
1947	19	5	6	2	2.8	0.9
1948	19	6	8	1	3.5	0.4
1949	20	3	10	2	4.5	0.9
1950	18	6	1	1	0.4	0.4
1951	15	2	3	—	1.3	—

From this Table it would seem that the increased incidence of Tuberculosis that occurred during the immediate post-war years is now abating. It will also be noticed that during the past 20 years the fall in the death rate has been proportionately much greater than the fall in incidence, due no doubt to a greater percentage of recoveries.

Probably the two main factors in contributing to this result have been (a) earlier diagnosis and (b) improved methods of treatment. Of these, early diagnosis is undoubtedly the most important and the periodic visits of the Mass Radiography Unit offer a unique opportunity of which sufficient advantage is not taken for finding the disease, if present, in its earlier stages. It must, however, be

remembered that the X-Ray examination shows the condition of the chest at the time of examination only. The disease may develop at any time and advantage should therefore be taken of further examinations as opportunity offers.

TABLE IX
Summary of Tuberculosis Register

	Pulmonary	Non-Pulmonary	Total
On Register on 1st Jan., 1951 ...	119	32	151
Notified as "new" cases ...	15	2	17
Transferred to District ...	3	1	4
Restored to Register ...	—	—	—
TOTALS ...	137	35	172
Died ...	4	—	4*
Recovered ...	2	3	5
Removed from District ...	4	2	6
Diagnosis changed ...	—	—	—
TOTALS ...	10	5	15
Balance remaining on Register on 31st Dec., 1951 ...	127	30	157

* This figure refers to patients on the Tuberculosis Register who have died—not necessarily from Tuberculosis.

In the local care of these patients much good and useful work is being done by the local voluntary Tuberculosis Care Committee.

By helping to solve the social problems of the tuberculosis household and so facilitating treatment by relieving anxiety, the Committee plays a very useful part in the fight against this disease.

3. VENEREAL DISEASES

The Medical Officers in charge of the Special Clinics at Rochester and Canterbury have kindly supplied the following information regarding the cases and number of attendances from this District during the year. These are as follows :—

Disease	Males	Females	Total
Syphilis	1 (1)	2 (1)	3 (2)*
Gonorrhoea	— (5)	1 (—)	1 (5)
Non-Venereal (Genital Lesions)	8 (7)	1 (2)	9 (9)
TOTALS ...	9 (13)	4 (3)	13 (16)

The above refer to new cases during the year.

The total number of attendances was 308 as against 424 in the preceding year.

Footnote.—*Figures in brackets relate to the preceding year.

4. VACCINATIONS AND IMMUNISATIONS

(a) **Diphtheria Immunisation**

From the figures kindly supplied to me by the County Medical Officer, it is estimated that 57.6% of the children aged 0-4 years (inclusive), and 50.7% of the children aged 5-15 years (inclusive) were protected against Diphtheria by immunisation. The total percentage of children immunised at all ages under 15 years was 53.2%. These percentages show an increase on those recorded for 1950, i.e. 55.7%, 44.2% and 48.6% respectively, but are still far too low if continued immunity from Diphtheria is to be maintained. The present absence of cases of Diphtheria is at one and the same time a blessing and a danger, the danger being that parents having no practical knowledge of the perils of this disease fail to appreciate the importance of having their children immunised against it. Only by having a much larger percentage of the younger children immunised can we hope to maintain our present immunity from this dread disease.

During the year under review 260 primary inoculations and 164 reinforcing inoculations were carried out, as compared with 307 and 76 respectively in 1950.

(b) **Vaccination against Smallpox**

The returns received from the County Medical Officer show that 251 primary vaccinations and 58 re-vaccinations were carried out during the year, as against 201 and 28 respectively in 1950, and 148 and 14 respectively in 1949.

SECTION IV

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA

1. SCHOOL HEALTH SERVICES

(a) The County Medical Officer has been good enough to provide me with a copy of the Annual Report on the School Health Services in the district during 1951, from which the following are interesting extracts:—

(i) Number of children inspected			
(Periodic inspections) ...	...	1,421	(1,008)*
(ii) Number found requiring treatment ...			
		98	(153)
(iii) Percentage ...			
		6.8%	(15.1%)
(iv) Frequency of main defects found:—			
Orthopædic defects ...	...	19.3%	(38.5%)
Eyes ...	...	45.9%	(21.1%)
Nose and Throat ...	...	9.1%	(13.5%)
Developmental (including hernia)		3.0%	(4.8%)
Ears ...	...	1.0%	(7.0%)

(b) The classification of children inspected in accordance with their general condition is as follows:—

	Number Inspected	A (Good)		B (Fair)		C (Poor)	
Entrants	453	43.9%	(44.5%)	53.2%	(53.0%)	2.9%	(2.5%)*
Second Age Group	382	41.4%	(39.4%)	55.0%	(58.2%)	3.6%	(2.4%)
Third Age Group	290	40.0%	(42.5%)	56.6%	(53.9%)	3.4%	(3.6%)
Other Periodic Inspections ...	296	36.8%	(41.8%)	59.8%	(55.8%)	3.4%	(2.4%)
	1,421	41.0%	(41.7%)	55.7%	(55.6%)	3.3%	(2.7%)

From these figures it can be said that generally speaking the health of the school child is good. It will be noted that there was, during 1951, a considerable drop in percentage of children found during periodic inspections to be requiring treatment—from 15.1% in 1950 to 6.8% in 1951. The classification of children according to their general conditions also shows reasonably good standards.

(c) The total number of attendances at the minor ailment Clinics was 485 and 194 defects were treated or under treatment during the year. The majority of conditions treated were as follows:—

Footnote.—*Figures in brackets relate to the preceding year.

Minor injuries (including bruises, sores chilblains, etc.)	...	...	...	69.0%	(56.2%)*
Skin conditions	...	...	...	15.4%	(20.2%)
Eye diseases	...	...	...	11.3%	(14.1%)
Ear conditions	...	...	...	4.1%	(6.4%)

(d) Dental Inspections and treatment figures are as follows :—

Number inspected by Dental Officers	...	...	2,045	(1,017)*
Number found requiring treatment	...	...	731	(374)
Percentage	...	...	35.7%	(36.7%)
Number actually treated	...	...	399	(346)
Percentage	...	...	19.5%	(34.0%)

(e) INFESTATION WITH VERMIN

The following information on examinations and treatments in connection with infestation with vermin in this area have been supplied by the County Medical Officer.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	...	...	6,911	(7,161)*
(ii) Total number of individual pupils found to be infested	...	...	45	(31)*
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)			3	(19)*

2. LABORATORY SERVICES

The Pathologist's Clinic at Johnson House, has been continued during the year.

The number of patients attending this Clinic has again increased enormously during the year, and the following Table shows that more and more advantage is being taken of the facilities by the local Medical Practitioners.

Year	No. of Patients Attending
1948	235
1949	372
1950	432
1951	602

Footnote.—*Figures in brackets relate to the preceding year.

SECTION V

SANITARY CIRCUMSTANCES OF THE AREA

1. WATER SUPPLY

(a) The water supply for the Urban District is derived from two sources, i.e. the Sittingbourne and Milton Urban District water undertaking and the Mid-Kent Water Company. The supply has been adequate both in quantity and quality. Thirty-seven samples were submitted for examination. All were satisfactory.

(b) There are in the area still a number of houses supplied from standpipes and slow progress continues to be made in the provision of a piped supply within those houses.

2. DRAINAGE AND SEWERAGE

(a) With the exception of the provision of sewers in connection with the Council's housing estates, little alteration has been made in the Council's sewerage scheme.

(b) A number of cesspools have been abolished during the year and the premises connected to the Council's sewerage system.

(c) Systematic treatment of the sewerage system against rat infestation continued during the year. Whilst the results appeared to be satisfactory there still remained a small residual rat population in the sewers.

3. SCAVENGING

(a) The administration of the Council's refuse collection and disposal service is under the Engineer and Surveyor. Disposal is by means of tipping. Although attempts are made to reduce fly breeding by means of Gammexane dust, applied to the tip face, it is to be regretted that considerable numbers of flies breed in the tip during the warm months of the year.

(b) The problem of illicit dumping of rubbish on vacant ground throughout the town has been commented upon in previous years. It is to be regretted that in spite of the efforts of the Council in periodically clearing these eyesores, some townspeople have not yet realised their responsibility to the community by ceasing to dump rubbish on any accessible plot of ground. These people apparently are unaware of the serious public health risks attached to illicit and uncontrolled dumping of rubbish.

4. SCHOOL SANITATION

Sanitary accommodation provided is maintained in a satisfactory manner. The West County Secondary School provides first class amenities for a large number of schoolchildren. It is to be regretted that the exigencies of the economic situation do not permit of the same standard being applied to all schools in the area.

5. PUBLIC CONVENIENCES

Public conveniences are generally well maintained in a clean and sanitary condition. The Council's task would be easier if a very small minority of the users refrained from deliberately causing damage to the appliances in certain conveniences. It is noted with regret that the Council have so far been unable to provide washing facilities in all public conveniences. This is particularly important in view of the hygiene education which is being constantly carried out.

6. PUBLIC SWIMMING BATHS

(a) The Swimming Baths continue to be enjoyed by large numbers of bathers.

(b) The arrangements for the pre-cleansing of bathers before entering the pool is not satisfactory. It is felt that much could be done in this direction if teachers, accompanying school parties to the baths, insisted upon the children carrying out pre-cleansing in the foot-baths provided.

(c) The facilities provided for laundering are unsatisfactory. The Council should seriously consider the matter with a view to providing adequate equipment for this purpose.

7. MORTUARY ACCOMMODATION

Since 1941 the only public mortuary accommodation available in the district has been that provided by the continued use of a building at the Sittingbourne Cemetery, which was formerly a Non-conformist chapel. These premises were earmarked during the 1939/45 war as emergency mortuary accommodation. The circumstances which lead to the continued use of these premises is detailed in a report of the Chief Sanitary Inspector which was submitted to the Public Health Committee in April, 1951. The report is given as Appendix "F."

The accommodation provided is unsatisfactory from every point of view. It was suggested to the Council that arrangements might be made with the Medway and Gravesend Hospital Manage-

ment Committee for improved facilities at Milton Hospital which might also, subject to terms to be arranged, be used as the town's mortuary. The Council accepted the suggestion put forward and accordingly negotiations were opened with the Hospital Management Committee.

Agreement was reached between the authorities concerned and the Hospital Management Committee approved plans for the adaptation of an existing building at Milton Hospital for use as a mortuary and post-mortem room.

As it appeared likely that some time must elapse before fruition of the agreed plan the Council were recommended to take steps to improve the present accommodation for the time being. The recommendations were approved by the Council and as a result minor improvements were carried out at the present mortuary and a local firm of Undertakers were appointed to deal with any bodies received. This latter arrangement came into operation in August, 1951, and has worked well. At the same time the general administration of the Mortuary was transferred to the Sanitary Department.

8. SERVICE OF NOTICES REQUIRING THE EXECUTION OF WORKS OR THE ABATEMENT OF NUISANCE

- (a) 487 informal notices served (512)*
- (b) 90 statutory notices served (133)
- (c) 434 informal notices complied with (493)
- (d) 80 statutory notices complied with (93)

9. VISITS MADE BY THE SANITARY INSPECTORS

The number of visits paid by the Sanitary Inspectors during the year is shown in Appendix "C."

Footnote.—* Figures in brackets relate to the preceding year.

Section VI

INSPECTION AND SUPERVISION OF FOOD

I. MILK SUPPLY

(a) The following are the details of registrations under the Milk and Dairies Regulations, 1949, the Milk (Special Designation) (Raw Milk) Regulations, 1949, and the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

(i) Registered milk distributors	...	...	27
(ii) Distributors licensed to deal in pasteurised milk	...	...	8
(iii) Distributors licensed to sell sterilised milk	...	...	9
(iv) Supplementary licenses for the sale of tuberculin tested milk	...	...	2

(b) Examination of Milk Supplies

(i) Twenty-two samples of milk were submitted for bacteriological or other prescribed examination at the County Laboratory, Maidstone. The following table shows details of the results obtained :—

TABLE X

Designation	No. of Samples	Result	
		Satisfactory	Unsatisfactory
Ordinary Milk	— (3)	— (3)	— (—)*
Pasteurised and Heat-treated Milks	22 (17)	17 (15)	5 (2)
Tuberculin Tested Milk	— (—)	— (—)	— (—)
TOTAL ...	22 (20)	17 (18)	5 (2)

2. MEAT

(i) Three hundred and ninety-four visits were paid to the Ministry of Food Slaughterhouse, East Street, Sittingbourne, where the agreed maximum daily kill, 10 beasts, 50 smalls (sheep, calves and pigs) continued to operate throughout the year. One hundred per cent. inspection of all animals presented for slaughter was maintained throughout the year. This work continued to involve the Sanitary Inspectors in late night, Sunday and holiday work.

Footnote—*Figures in brackets relate to preceding year.

(ii) Two outbreaks of suspected swine fever were reported to the Diseases of Animals Authority as a result of post-mortem findings in the slaughterhouse. Both cases were confirmed by the Ministry of Agriculture and Fisheries and the necessary precautions instituted.

(iii) No alterations of any importance, with the exception of an intercepting chamber on the drainage system, have been carried out. The premises are obsolete and the condition under which meat is prepared for human food is unsatisfactory. It will continue so until a small modern abattoir is provided. It is regretted that in spite of the Council's efforts to this end it does not appear likely that such an abattoir will be provided for a considerable time. The slaughtermen employed at the slaughterhouse carry out their duties under difficult circumstances and it is to their credit that they maintain the premises in a high state of cleanliness so far as they are able with the present structure. The Inspectors' task in connection with meat inspection is eased by the unfailing co-operation of the men involved.

(iv) Table XI shows the details of the animals slaughtered together with the numbers affected with disease. A small reduction in the percentage of animals affected with tuberculosis and diseases other than tuberculosis is to be noted. How far this reflects a general trend is not yet known.

TABLE XI

	Cattle, excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Total
Number Killed	1559	233	291	3484	312	5879
Number Inspected ...	1559	233	291	3484	312	5879
ALL DISEASES EXCEPT TUBERCULOSIS						
Whole carcasses condemned	2	3	3	31	18	57
Carcases of which some part or organ was condemned ...	418	96	—	134	36	684
Percentage of the number inspected affected with diseases other than Tuberculosis	26.9	42.4	1.0	4.7	17.3	12.6 (16.2)*
TUBERCULOSIS ONLY						
Whole carcasses condemned	5	4	2	—	1	12
Carcases of which some part or organ was condemned ...	131	57	—	—	7	195
Percentage of the number inspected affected with Tuberculosis	8.7	26.1	0.6	—	2.5	3.5 (5.6)*

(v) The details of foodstuffs of all types condemned during the year are shown in Appendix "B."

3. SHELLFISH

No case of illness attributable to shellfish was notified during the year. The public are reminded that the purchase of shellfish from any dealers other than reputable and well established firms involves serious risks to themselves.

4. FISH FRYING

- (i) Seven fish frying establishments are in operation in the area.
- (ii) Seventeen visits of inspection were made during the year.

Footnote.—* Figures in brackets relate to the preceding year.

(iii) Inspection shows that a high standard of sanitary practice is maintained in this particular food trade.

5. ICE CREAM

(i) (a) The number of premises registered for the manufacture, storage or sale of ice cream are :—

Sale and storage of ice cream	...	...	79 (69)*
Storage of ice cream	...	...	4 (4)
Manufacture of ice cream	...	...	10 (11)

(b) The limit does not yet appear to have been reached of traders desiring to sell ice-cream. Ten additional applicants were registered during the year. The majority of vendors sell pre-packed ice-cream supplied in many cases by firms of national repute. Few difficulties have been experienced in the supervision of this type of premises.

(ii) Twenty-seven samples of ice-cream were submitted for examination by the Provisional Modified Methylene Blue Reductase Test, with the following results :—

		1951	1950
Grade I	...	22 (81.4%)	16 (36.3%)
Grade II	...	—	11 (25.0%)
Grade III	...	2 (7.4%)	10 (22.7%)
Grade IV	...	3 (11.1%)	7 (15.9%)

Although the number of samples submitted for examination were unfortunately on a reduced scale, it is pleasing to note the great improvement in the hygienic quality of the ice-cream sold in the town as judged by the grades attained on examination by the Provisional Modified Methylene Blue Reductase Test.

6. BAKEHOUSES

Eight bakehouses are registered and in operation in the area.

7. RESTAURANT KITCHENS

(i) The number of restaurant kitchens (including works canteens and school kitchens) in the area is 34.

(ii) The premises are, on the whole, conducted in a satisfactory manner. Continued realisation of the potential risks involved in mass cooking and feeding, is kept before the eyes of the workers, employed in the trade, during inspections.

(iii) Improvements to premises continue to be carried out. The progress is, however, slow, probably because of the still rising cost of structural alterations and modern equipment.

8. PUBLIC HOUSES

With few exceptions public houses in the town are kept in a satisfactory state. Progress continued during the year in the provision of adequate facilities for the washing of glasses and improved sanitary accommodation.

9. FOOD PREPARING PREMISES

(i) Twenty-one premises are registered for the manufacture of sausage and preserved foods. Generally the premises are maintained in a satisfactory manner. Minor improvements have been carried out and one major improvement has been agreed.

(ii) It is pleasing to note that greater use has been made by the traders of the advice and guidance of the Department before undertaking alterations.

10. DETAILS OF INSPECTIONS

Shown in Appendix "C."

11. SAMPLES TAKEN BY THE FOOD AND DRUGS AUTHORITY

By courtesy of the Chief Inspector, Weights and Measures Department, the following detail of samples of food taken under the Food and Drugs Act, 1938, in Sittingbourne and Milton are included :—

Article	No. of Samples
Almond Flavouring	1
Arrowroot	1
Aspirins	1
Balsam of Aniseed	1
Beef Sausages	1
Bicarbonate of Soda	1
Brandy	1
Breakfast Spread	1
Butter	2
Butter Mints	1
Cake Flour	1
Calciferol Tablets	1
Cayenne Pepper	1
Cheese	3
Children's Tonic	1
Chlorate of Potash Tablets	1
Choc Ice	1
Cocoa	14
Coffee Essence	1
Cooking Fat	3
Cornflour	1
Dessicated Coconut	1
Dried Milk Powder	1
Dried Mincemeat	1
Fondant	1
Glucodin	1
Ground Almonds	1
Ground Rice	1
Haliborange	1
Ice Cream	5
Lard	1
Liquid Paraffin	1
Lucozade	1
Luncheon Sausage	1
Maclean's Stomach Powder	1
Marmalade	1
Meat Soup	1
Milk	32
Minadex Syrup	1
Mincemeat	1
Mint Jelly	1
Orange Flavouring	1
Paregoric B.P.	1
Persomnia Tablets	1
Pork Luncheon Meat	1
Processed Peas	1
Rum	2
Rusk Filler	1
Salmon Spread	1
Sponge Mixture	1
Sweet Cake Mixture	2
Tapioca Pudding	1
Throat Mixture	1
Tincture of Arnica	1
Tincture of Quinine	1
TOTAL	110

SUMMARY

Milks	32
Drugs	17
Spirits	3
Other Samples ..	58
	<hr/>
	110
	<hr/>

All the above samples were genuine with the exception of the following :—

SAMPLE OF	ANALYSIS	ACTION TAKEN
Milk	Adulterated. Contained 6.2% added water.	Written caution issued.
Mint Jelly	Inferior. Ingredients in wrong order on label.	Packers notified by Chief Inspector.
Calciferol Tablets	Adulterated. Calciferol not detected.	Under investigation.

Section VII

DISINFECTION, DISINFESTATION AND RODENT CONTROL

1. DISINFECTION

(i) Eighty-seven rooms at 63 premises were disinfected on account of infectious disease.

(ii) All library books found at premises where a case of notifiable disease has occurred are disinfected by formaldehyde before being returned to circulation.

(iii) The facilities provided for the steam disinfection of bed, bedding and clothing have been considerably improved during the year, (a) by the delivery of a suitable motor vehicle and (b) by the use of the disinfection plant at the Milton Hospital. This plant is available at any time. The arrangements at Milton Hospital are by the courtesy of the Medway and Gravesend Hospital Management Committee.

2. DISINFESTATION

(i) The following tables indicate the work carried out during the year :—

(a) **Bed Bugs**

			Infestations	
			Premises	Rooms
Council Houses	...	...	1	3
Other Houses	...	...	8	23
Totals ...			9	26

(b) **Fleas**

Council Houses	...	...	—	—
Other Houses	...	...	7	31
Totals ...			7	31

(c) **Other Insect Pests**

(Ants, Beetles and Flies)

Council Houses	...	...	—	—
Other Houses	...	...	9	18
Other Premises	...	...	4	4
			13	22

(ii) In addition 39 wasps' nests were dealt with. The usual anti-mosquito measures were carried out in the static water tanks and ponds.

3. RODENT CONTROL

(i) The Council employ one part-time Rodent Operator.

(ii) The following table gives details of the work carried out during the year :—

TABLE XII

	Complaints of infestations Notified by Public	Additional infestations found on Survey	Complaints of infestations Ill-founded	Complete treatments	Treated by Occupier	Under or awaiting treatment	Estimated killed by Poisons	By Trapping	Visits made (including routine Survey)
Rats	91 (59)	39 (24)	5 (1)	130 (83)	— (—)	5 (9)	1,609 (701)	49 (—)	2,872 (2,706)*
Mice	43 (64)	9 (6)	— (—)	52 (70)	— (—)	— (—)	— (—)	80 (107)	— *
Totals	134	48	5	182	—	5	1,609	129	2,872

(iii) Maintenance treatments of the Council's sewerage system were continued during the year. Although it would appear that the incidence of infestation is not heavy, nevertheless systematic treatment of the sewers must continue to control the position.

(iv) The number of infestations reported showed an increase during the year. The majority of the infestations were of a minor character. The co-operation of the public in notifying infestations in their early stages is appreciated as the Department is enabled to prevent serious infestation arising.

Footnote.—* Figures in brackets relate to the preceding year.

Section VIII

HOUSING

1. INSPECTIONS

The number and character of inspections carried out in connection with housing is as follows :—

(a) Inspection of dwelling-houses during the year for housing defects	548	(512)*
(b) Number of dwelling-houses which were inspected and recorded under the Housing Consolidation Regulations ...	5	(55)
(c) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	18	(21)
(d) Number of houses found defective in some essential particular	487	(512)
(e) Remedy of defects during the year without service of formal notice	434	(493)
(f) Reinspections of houses	2,247	(2,350)
(g) Action under Statutory Powers during the year :—		
(i) Proceedings under Section 9 of the Housing Act, 1936	—	(1)
(ii) Proceedings under Public Health Act	90	(133)
(iii) Proceedings under Sections 11 and 13 of the Housing Act, 1936 ...	5	(8)
(iv) Proceedings under Section 12 of the Housing Act, 1936	—	(—)
(h) New Houses :—		
(i) Total number erected by Local Authority during year	96	(90)
(ii) Total number erected by Private Persons during year	10	(7)
(iii) Total number of War Destroyed Houses rebuilt during year ...	2	(2)

2. REPAIR AND MAINTENANCE OF HOUSES

(a) The position with regard to the maintenance of existing dwelling houses is becoming increasingly serious. It has been pointed out for several years past that owing to the impact of the Rent Restrictions Act, the increasing cost of building repairs and the prevailing economic conditions, property is not being main-

Footnote.—* Figures in brackets relate to the preceding year.

tained at a satisfactory level. It is clear that unless steps are taken either by alteration of the Rent Restrictions Act or by other means to enable repairs to be carried out, a most serious problem is being created.

The department can do little more in the present circumstances than to ensure that houses are maintained in a reasonable weather-proof condition and that sanitary appliances are working properly.

(b) Apart from the houses which come in the category referred to above, there are approximately 300 houses which, by reason of their disrepair, sanitary defects or the narrowness and bad arrangement of streets in the area, are unfit for habitation and which ought to be demolished. These properties should be dealt with as soon as the opportunity arises as it is not only unfair to expect people living in these conditions to continue to do so for a long period, but there is always a potential public health risk in allowing them so to do.

3. RE-HOUSING

(i) During the year it was found possible to provide housing accommodation for 140 families, as follows :—

- (a) 4 families re-housed in existing temporary houses (5)*
- (b) 15 families re-housed in pre-war Council houses (15)
- (c) 108 families re-housed in post-war Council houses (69)
- (d) 13 families re-housed in privately owned houses by arrangement with the owner's consent (8).

(ii) In addition, temporary accommodation was provided for 13 families at Kemsley Hutments.

(iii) It is also known that three applicants found accommodation privately and one applicant was re-housed by another authority.

4. THE HOUSING LIST AND THE ACCOMMODATION REQUIRED

On the 11th January, 1952, the Chief Sanitary Inspector submitted a report to the Council on the position of the Council's Housing Application List and all types of dwellings required by housing applicants on the present list. This report is given as Appendix "E."

5. COMMON LODGING HOUSES

(i) One common lodging house is registered, the accommodation available being 30 beds.

(ii) The premises continue to be managed in a satisfactory manner and minor improvements have been carried out by the Keeper.

Footnote,—* Figures in brackets relate to the preceding year.

Section IX

FACTORY ADMINISTRATION

I. FACTORIES ACT, 1937

(i) Number of Factories on Register :—

(a) Factories (Mechanical Power)	48
(b) Factories (No Mechanical Power)	13
(c) Other Premises	1

(ii) Number of Inspections :—

(a) Factories (Mechanical Power)	46
(b) Factories (No Mechanical Power)	38
(c) Other Premises	—

(iii) Number of Written Notices :—

(a) Factories (Mechanical Power)	—
(b) Factories (No Mechanical Power)	—

(iv) Cases in which defects were found :—

Particulars	Found	Remedied	Referred	
			To H.M. Inspector	By H.M. Inspector
Want of cleanliness (S.1)	—	—	—	—
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—
Sanitary conveniences (S.7)—				
(a) insufficient	1	1	—	—
(b) unsuitable or defective	2	2	—	—
(c) not separate for sexes	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—
Total	3	3	—	—

2. HEAD LICE IN FACTORY WORKERS

During the year a complaint was made by the Management of a Food Preparing Factory in the town that hairs with nits adhering had been found lying on tables in the factory. The management were naturally anxious to deal with the problem as quickly as possible. Forty-eight girls were employed at the premises.

Upon investigation it was found that neither the Medical Officer of Health nor a Medical Officer appointed under the Factories Act had any authority to examine employees with a view to finding those with infested heads.

The matter was dealt with by the Department by advising the management to insist that all girls employed by them should produce a medical certificate from their personal Medical Adviser stating that their heads had been examined and that they were free from infestation. The matter was satisfactorily cleared up by the implementation of this advice.

APPENDIX "A"

RAINFALL

Recorded at Highsted Waterworks

MONTH		RAINFALL (INCHES)			
		1948	1949	1950	1951
January	...	3.61	1.37	2.00	2.98
February	...	1.75	1.22	4.49	6.66
March	...	.87	.80	.71	3.53
April	...	1.71	1.50	2.16	2.27
May	...	1.81	1.86	1.99	2.17
June	...	3.27	.76	1.06	1.67
July	...	1.62	.42	2.32	2.05
August	...	2.66	.52	2.38	4.72
September	...	1.59	1.81	2.11	3.84
October	...	1.53	6.86	.20	1.08
November	...	1.50	3.37	5.45	3.81
December	...	3.42	1.56	2.33	2.41
Total Rainfall		25.34	22.05	27.20	37.19

				lbs.
8 Cattle (excluding Cows)		Generalised Tuberculosis ...		3,625
2 Cows		Ditto		1,180
1 Cattle (excluding Cows)		Tubercular Emaciation ...		323
1 Cattle (excluding Cows)		Emaciation—Fevered ...		263
1 Cow		Fevered		490
1 Cow		Pynemia and Pericarditis ...		436
1 Cow		Miliary Tuberculosis ...		328
1 Cow		Generalised Oedema and Nephritis		481
15 Portions of Cattle ...		Localised Tuberculosis ...		1,431
1 Portion of Cattle ...		Pericarditis		196
1 Portion of Cattle ...		Bruised		6
2 Portions of Cattle ...		Injury—Fracture		210
1 Portion of Cattle ...		Injury		76
3 Calves		Emaciation and Oedema ...		115
1 Pig		Generalised Tuberculosis ...		354
2 Pigs		Swine Erysipelas		242
10 Pigs		Swine Fever		1,255
1 Pig		Dead on arrival		185
1 Pig		Fevered and Suspected Poisoning		104
4 Sows		Swine Fever		916
3 Portions of Pig ...		Localised Tuberculosis ...		47
2 Portions of Pig ...		Bruising—Fracture		13
1 Portion of Pig		Injury		11
1 Portion of Pig		Cellulitis		21
5 Portions of Sow ...		Localised Tuberculosis ...		125
1 Portion of Sow		Trauma		4
1 Portion of Sow		Arthritis		27
1 Portion of Sow		Trauma		41
1 Sheep		Oedema		38
14 Sheep		Emaciation and Oedema ...		460
1 Sheep		Fevered		30
1 Sheep		Emaciation		23
1 Sheep		Moribund		73
1 Sheep		Generalised Oedema — Fevered		40
1 Sheep		Septic Penis and Uræmia ...		36
2 Sheep		Injury—External Bruising ...		43
1 Sheep		Emaciation—Fevered		36
1 Sheep		Emaciation—Bruising		41
1 Sheep		Pleurisy		48
1 Ram		Pneumonia and Pleurisy ...		51
4 Ewes		Emaciation and Oedema ...		135
1 Ewe		Moribund		49
4 Portions of Sheep ...		Injury		13
2 Portions of Sheep ...		Injury—Bruising		40
1 Portion of Sheep ...		Bruising		2
1 Portion of Sheep ...		Oedema		4
1 Portion of Sheep ...		Mastitis—Oedema		2
1 Portion of Sheep ...		Pericarditis and Pleurisy ...		14
1 Portion of Sheep ...		Arthritis		2
1 Portion of Ram		Injury—Fracture		9
Edible Offal				15,473
Other Meat				333 $\frac{1}{4}$
Fresh Fish				518
Miscellaneous Foodstuffs: including canned Milk, Meat, Fruit, Vegetables, Fish, Eggs, Jams, etc.				2,483 $\frac{1}{2}$
Total lbs. ...				32,501 $\frac{3}{4}$ (50,740 $\frac{1}{4}$)*
TOTAL — 14 Tons 10 Cwts. 0 Qrs. 21 $\frac{3}{4}$ Lbs. (22 Tons 13 Cwts. 0 Qrs. 4 $\frac{1}{4}$ Lbs.)				

Footnote—*Figures in brackets relate to preceding year.

APPENDIX "C"

DETAILS OF INSPECTION

Inspection of Houses							Inspections
No. of houses inspected (Public Health and Housing Acts)							
First inspections—not visits	...	...	...	...	...	...	548
No. of houses reinspected	...	...	...	...	...	...	2247
No. of houses inspected and recorded (S.5 Housing Act)							5
No. of premises (other than houses and not mentioned below)							
inspected for nuisances	...	...	...	...	...	...	21
							— 2821
Premises							
Accumulations	...	...	...	...	...	...	1
Butchers	...	...	...	...	...	...	54
Cinemas and Amusement Places	...	...	...	...	...	...	4
Common Lodging Houses	...	...	...	...	...	...	12
Dairies and Milkshops	...	...	...	...	...	...	41
Fresh fish shops	...	...	...	...	...	...	23
Fried fish and chip shops	...	...	...	...	...	...	17
Fruit and vegetable shops	...	...	...	...	...	...	9
Food vehicles	...	...	...	...	...	...	21
Ice-cream premises	...	...	...	...	...	...	61
Markets	...	...	...	...	...	...	17
Milk vehicles	...	...	...	...	...	...	5
Outworkers	...	...	...	...	...	...	2
Premises to examine foodstuffs	...	...	...	...	...	...	172
Provision shops	...	...	...	...	...	...	92
Public conveniences	...	...	...	...	...	...	24
Public houses	...	...	...	...	...	...	14
Restaurants and restaurant kitchens	...	...	...	...	...	...	28
Schools	...	...	...	...	...	...	6
Shops (under Shops Act)	...	...	...	...	...	...	41
Shops (Reinspections)	...	...	...	...	...	...	5
Food Preparing Premises	...	...	...	...	...	...	1
Slaughter-houses	...	...	...	...	...	...	394
Smoke observations	...	...	...	...	...	...	2
Stables	...	...	...	...	...	...	3
Static water tanks	...	...	...	...	...	...	6
Swimming Baths	...	...	...	...	...	...	4
Systematic inspections of district	...	...	...	...	...	...	4
Tents, vans and sheds, etc.	...	...	...	...	...	...	7
Tips	...	...	...	...	...	...	11
Water courses	...	...	...	...	...	...	6
							— 1087
Rat Infestation							
Houses inspected (first inspections)	...	...	...	...	...	...	16
Houses inspected (reinspections)	...	...	...	...	...	...	33
Other premises (first inspections)	...	...	...	...	...	...	2
Other premises (reinspections)	...	...	...	...	...	...	2
							— 53
Enquiries or Visits							
Contractors or owners interviewed	...	...	...	...	...	...	159
Contacts of infectious diseases	...	...	...	...	...	...	22
Notifiable diseases	...	...	...	...	...	...	32

Miscellaneous	...	...	...	...	...	...	293
Rent Restriction Acts	...	...	...	...	...	...	1
Office Interviews	...	...	...	...	...	...	2568
Kemsley Camp	...	...	...	...	...	...	11
Housing Management Enquiries	...	...	...	...	...	...	475
Lectures	...	...	...	...	...	...	10
Port Visits	...	...	...	...	...	...	6
						—	3577

Food and Drugs and other Sampling

Samples of Ice Cream	...	...	...	...	...	...	27
Samples of Swimming Bath Water	...	...	...	...	...	...	6
Samples of Water obtained—Bacteriological Examination	...	...	...	...	...	...	37
Samples of Water obtained—Chemical Examination	...	...	...	...	...	...	1
Samples of Milk obtained, Bacteriological	...	...	...	...	...	...	22
						—	93

Factories

Factories with mechanical power—Bakehouses	...	...	...	...	...	...	13
						...	43
Factories without mechanical power—Bakehouses	...	...	...	...	...	...	—
						...	38
						—	94

TOTAL ... 7725

*(7683)

Footnote—*Figures in brackets relate to preceding year.

APPENDIX “ D ”

NUISANCES—NUMBER AND CHARACTER DEALT WITH

Works Executed

Shops Act	Totals
Heating Apparatus Provided or Repaired	1
Lighting provided or improved	1
Sanitary Conveniences provided	1
Washing facilities provided	2
Washing facilities repaired	1
	6
Houses	
Ashbins provided	81
Brickwork of walls repaired	26
Chimneys repaired	19
Ceilings repaired	54
Doors and frames repaired	18
Floors renewed or repaired	30
Floors ventilated	1
Grates or ovens repaired or renewed	31
Inside plastering repaired	71
Miscellaneous repairs and nuisances abated	13
Obstructive outbuildings demolished	2
Roofs renewed or repaired	105
Rain water pipes or gutters renewed or repaired	46
Staircases repaired	3
Washing coppers provided or repaired	11
Water supply provided	1
Water taps or pipes repaired	2
Window cords renewed	32
Window sashes or frames renewed or repaired	39
Yard paving relaid or repaired	2
	587
Drainage	
Drains tested, smoke	78
Drains tested, chemical	17
Drains tested, water	33
Drains relaid	36
Drains repaired	22
Drains cleansed	55
Gullies fixed	11
Inspection or Interception chambers provided	17
Inspection or Interception chambers repaired	7
Interception traps fixed	1
Soil pipes or ventilating shafts fixed or repaired	3
Sinks provided	4
Sinks trapped or waste pipes repaired	4
	288
Water-Closets	
Flushing apparatus provided	1
Flushing apparatus repaired	53
Miscellaneous repairs	26
New pans and traps fixed	35

W.C.'s reconstructed	...	...	...	...	...	5	
W.C.'s cleansed	...	...	...	...	...	1	
						<hr/>	121
Eradication of Bed Bugs, Fleas and other Insects							
No. of Council Houses infested	...	...	...	...	...	1	
No. of other Houses infested	...	...	...	...	...	24	
No. of other premises infested	...	...	...	...	...	4	
						<hr/>	29
Cesspools and Septic Tanks							
Abolished and House connected to Sewer	...	...	...	...	...	1	
Constructed	...	...	...	...	...	1	
						<hr/>	2
Common Lodging Houses							
Limewashing or cleansing carried out	...	...	...	...	...	1	
Water closets repaired	...	...	...	...	...	1	
Verminous rooms treated	...	...	...	...	...	2	
						<hr/>	4
Urinals							
Flushing apparatus fixed or repaired	...	...	...	...	...	1	
Walls repaired or made impervious	...	...	...	...	...	1	
						<hr/>	2
Fried Fish Shops							
Other repairs	...	...	...	...	...	1	
						<hr/>	1
TOTAL						...	<hr/>
							1040
							<hr/>
							*(1353)

Footnote—*Figures in brackets relate to preceding year.

APPENDIX “ E ”

Report of the Chief Sanitary Inspector on the position of the Council's Housing Application List and all types of dwellings required by present housing applicants, as at 11th January, 1952

In accordance with Resolution 890 (iii), Housing Committee, 7th January, 1952, I submit herewith the above-mentioned Report.

Before dealing with the immediate housing requirements, I submit a statement showing the general housing position.

The following Table shows details of the total number of applicants in the various categories on the Council's list :—

TABLE I

1	Number of Applicants on “ Live List ”	...	...	...	540
2	Number of “ Late Applications ”	...	...	...	291
Total Number of Applicants					831

In addition to the above total, there are 42 families residing at Kemsley Hutments, who will eventually require permanent housing.

Table II shows the various classes into which the Applicants fall :—

TABLE II

		No.	%
1	Applicants living and working outside Sittingbourne	39	4.6
2	Single Applicants	20	2.4
3	Applicants who are tenants of houses within the Urban District	174	20.9
4	Applicants who are tenants of houses outside the Urban District	107	12.8
5	Applicants living outside but working within the Urban District	52	6.2
6	Applicants living in rooms as sub-tenants or lodgers within the Urban District	439	52.8
Total			831

An analysis has been made of the 831 applicants in terms of family units, and is shown in Table III :—

TABLE III

1	Single	...	...	...	20
2	Man and Wife	...	...	...	251
3	Man, Wife and 1 Child	...	...	...	267
4	Man, Wife and 2 Children	...	...	...	167
5	Man, Wife and 3 Children	...	...	...	63
6	Man, Wife and 4 Children	...	...	...	20
7	Man, Wife and 5 Children	...	...	...	16
8	Man, Wife and 6 Children	...	...	...	5
9	Man, Wife and 7 Children	...	...	...	2
10	Man, Wife and 8 Children	...	...	...	2
11	Widows	...	...	...	14
12	Widowers	...	...	...	4
Total					831

The following Tables IV, V and VI show the results of further analysis on applicant's income, being “ Live List,” “ Late Applications ” and “ Total List ” respectively.

As in past analyses family allowances have been excluded.

Details	Under £2	£2 to £2.10.0	£2.10.0 to £3	£3 to £3.10.0	£3.10.0 to £4	£4 to £4.10.0	£4.10.0 to £5	£5 to £6	£6 to £7	£7 to £8	£8 and over	Income not stated	Totals
Single ...	-	1	-	2	-	-	1	-	1	-	-	3	8
Man and Wife ...	-	-	1	1	1	1	2	34	53	25	14	7	139
Man, Wife and one Child ...	-	-	1	-	-	1	1	37	65	49	23	4	181
Man, Wife and two Children ...	-	2	-	2	-	2	3	25	37	24	20	2	117
Man, Wife and three Children ...	-	-	1	-	-	1	-	15	16	8	4	3	48
Man, Wife and four Children ...	-	1	-	1	1	-	1	3	6	-	1	1	15
Man, Wife and five Children ...	-	-	-	-	-	-	1	5	3	1	3	1	14
Man, Wife and six Children ...	-	-	-	-	-	-	-	1	1	1	1	-	4
Man, Wife and seven Children ...	-	-	-	-	-	-	-	-	1	1	-	-	2
Man, Wife and eight Children ...	-	-	-	-	-	-	-	1	1	-	-	-	2
Widows ...	2(-)	-	-	1(1)1(2) 1(3)	-	-	-	1(1)	-	1(3)	-	2(-)	9
Widowers ...	-	-	-	-	-	-	-	-	-	-	-	1(1)	1
TOTALS	2	4	3	9	2	5	9	122	184	110	66	24	540

TABLE V

"LATE APPLICATIONS" AS AT 11th JANUARY, 1952

DETAILS	Under £2	£2 to £2.10.0	£2.10.0 to £3	£3 to £3.10.0	£3.10.0 to £4	£4 to £4.10.0	£4.10.0 to £5	£5 to £6	£6 to £7	£7 to £8	£8 and over	Income not stated	Totals
Single Man and Wife ...	-	-	-	-	-	-	1	2	3	2	1	3	12
Man, Wife and one 'Child ...	1	-	1	-	-	3	-	23	47	23	9	5	112
Man, Wife and two Children ...	1	-	-	1	-	-	2	18	35	10	17	2	86
Man, Wife and three Children ...	-	1	1	1	1	-	-	6	25	7	7	2	50
Man, Wife and four Children ...	-	-	-	-	1	-	-	1	6	2	5	-	15
Man, Wife and five Children ...	-	-	-	-	-	1	-	-	1	1	1	1	5
Man, Wife and six Children ...	-	-	-	-	-	-	-	-	-	2	-	-	2
Widows ...	1(-)	-	-	-	-	-	1(2)	-	-	-	-	1 1(1) 1(-) 1(-)	1 5
Widowers ...	-	-	-	-	-	-	-	1(-)	-	-	-	1(2) 1(1)	3
TOTALS	3	1	1	2	2	4	4	51	117	47	40	19	291

TABLE VI

ALL APPLICATIONS AS AT 11th JANUARY, 1952

DETAILS	Under £2	£2 to £2.10.0	£2.10.0 to £3	£3 to £3.10.0	£3.10.0 to £4	£4 to £4.10.0	£4.10.0 to £5	£5 to £6	£6 to £7	£7 to £8	£8 and over	Income not Stated	TOTALS
Single Man and Wife Man, Wife and one Child ...	- 1	1 -	- 2	2 1	- 1	- 4	2 2	2 57	4 100	2 48	1 23	6 12	20 251
Man, Wife and two Children ...	1	-	1	1	-	1	3	55	100	59	40	6	267
Man, Wife and three Children ...	-	3	-	3	1	2	3	31	62	31	27	4	167
Man, Wife and four Children ...	-	-	1	-	1	1	-	16	22	10	9	3	63
Man, Wife and five Children ...	-	1	-	1	1	1	1	3	7	1	2	2	20
Man, Wife and six Children ...	-	-	-	-	-	-	1	5	3	3	3	1	16
Man, Wife and seven Children ...	-	-	-	-	-	-	-	1	1	1	1	1	5
Man, Wife and eight Children ...	-	-	-	-	-	-	-	-	1	1	-	-	2
Widows ...	3 (-)	-	-	1(1) 1(2) 1(3)	-	-	1(2)	1 1(1)	1 -	- 1(3)	-	4(-) 1(1) 1(1)1(2) 1(1)	2 14 4
Widowers ...	-	-	-	-	-	-	-	1(-)	-	-	-	-	-
TOTALS	5	5	4	11	4	9	13	173	301	157	106	43	831

In comparing the present information with that previously submitted to the Committee, it is seen that 6% of the applicants whose income is known have incomes below £5 per week (16.2% July, 1951 ; 29.4% September, 1949 ; 32% January, 1949 and 42% August, 1948).

Continuing the comparison made in previous years on the numbers of applicants capable of sustaining the present rent of Council houses, when it is assumed that 1/6th of the family income is the correct proportion to expend on rent and that the rent of a Council house is 25/- per week, it is seen that 66.6% of the applicants whose income is known, cannot afford such a rent. The comparable figure for May, 1951, was 68.5% ; August, 1950, was 85.6% ; 90% for September and January, 1949, and 91.6% for August, 1948.

The information given continues to reflect the general increase in incomes, but whether or not it can be assumed that a larger number of applicants can afford the rents now prevailing depends to a large extent on the impact of the rising cost of living, so that the apparent improvement in the position on this point may be more apparent than real.

The position as at 31st December, 1951, so far as houses under construction or contract is concerned, was as shown in the following Table :—

TABLE VII

Estate	3 bedroom House	2½ bedroom House	2 bedroom House	1 bedroom Flat	2 bedroom Flat
Canterbury Road					
Sixth Contract	1	1	—	—	—
Seventh Contract ...	—	12	26	—	—
Homewood					
First Contract	—	—	—	16	16
Second Contract ...	12	—	12	—	—
Third Contract	—	10	12	—	—
Fourth Contract ...	—	8	—	—	—
Totals ...	13	31	50	16	16

The following Table shows details of the bedroom accommodation of Council houses as at 17th January, 1952.

TABLE VIII

	Bedroom Accommodation							Total
	1 B.R. Flats	2 B.R. Flats	2 B.R. Pre- fabs.	2 B.R. H'uses	2½ B.R. Houses	3 B.R. Houses	4 B.R. Houses	
Post-War	28	28	50	46	211	56	—	419
Pre-War	—	—	—	—	546	—	12	691
					(non-parlour type) 133	—	—	
					(parlour type)			
Totals	28	28	50	46	890	56	12	1,110

The housing requirements necessary to deal with (a) the whole list of housing applicants as it stands to-day, and (b) the present “live” list is indicated in the following Table :—

TABLE IX

Accommodation	(a) “ Whole ” List		(b) “ Live ” List	
	%	No.	%	No.
1 bedroom ...	33.5	279	27.9	151
2 bedrooms ...	32.7	272	34.0	184
2½ bedrooms ...	28.2	235	31.1	168
3 bedrooms ...	2.4	20	2.7	15
4 bedrooms ...	2.5	21	3.3	18
4 or more bedrooms ...	0.4	4	0.7	4
Totals		831		540

Considering the requirements of the present “live” list after taking into account the houses at present under construction, or contract, it will be seen that the following are the net requirements :—

TABLE X

Accommodation	Total Requirements	Under Contract or Construction	Deficiency
1 bedroom ...	151	16	135
2 bedrooms ...	184	66	118
2½ bedrooms ...	168	31	137
3 bedrooms ...	15	13	2
4 bedrooms ...	18	—	18
4 or more bedrooms ...	4	—	4
Totals ...	540	126	414

The following Table indicates the requirements if the “whole” list is considered :—

TABLE XI

Accommodation	Total Requirements	Under Contract or Construction	Deficiency
1 bedroom	279	16	263
2 bedrooms	272	66	206
2½ bedrooms	235	31	204
3 bedrooms	20	13	7
4 bedrooms	21	—	21
4 or more bedrooms	4	—	4
Totals	831	126	705

May I make it quite clear to the Committee that the figures used as the basis for the information supplied, do not take into account many factors, e.g., population trends, the incidence of the varying types of accommodation throughout the whole town, marriage rates, birth rates, etc., and therefore can only be taken as a general guide to the requirements. Nevertheless, the Council's proposals over the period required to provide the number of houses referred to should broadly result in the proportion outlined. Caution should, in my opinion, be exercised with regard to the construction of 1 bedroom accommodation. It is obvious that in many cases, even for an old couple it is better to provide 2 bedroom accommodation, especially bearing in mind the need for a second bedroom to accommodate visitors, and the necessity for the second bedroom when illness hits the family.

Apart from the point mentioned in the preceding paragraph, it would appear that the main emphasis should be on 2 and 2½ bedroom type accommodation, together with the provision of a small number of 4 bedroom houses.

APPENDIX " F "

Report of Chief Sanitary Inspector on Mortuary Accommodation

In order to clarify the position with regard to Mortuary accommodation within the Urban District, I set out a resumé of the position so far as can be ascertained from 1931 up to the present time.

MEMORIAL HOSPITAL MORTUARY

About 1931, when the present Memorial Hospital was under construction, the Local Authority approached the Hospital Board with a view to having the Mortuary proposed for the Hospital increased in size so that it would be adequate not only for the Hospital's purposes, but also for the purposes of a Public Mortuary. The Hospital Board agreed to increase the size of their Mortuary and permit it to be used as a Public Mortuary on terms to be arranged.

It was estimated that the increased cost to the Hospital Board to give effect to the arrangements would amount to £262. Such extra cost fell to be borne by the Urban Authority and the Rural District Council and on the basis of population, the respective portions were £194 for Sittingbourne and £68 for the Rural Area. In December, 1931, the Local Authority informed the Hospital Board that there was difficulty in making a contribution for acquiring an interest in premises without ownership, and it was therefore suggested that an annual payment based on the outlay for the extension of the Mortuary at the Hospital for public use, say at five per cent., might be acceptable to the Hospital Board. In addition, it was agreed that a sum of 10s. in respect of the reception of each body not being a hospital patient from the Urban District should be paid to cover the services of the Mortuary Attendant. At the same time the Coroner indicated that in case of bodies sent to the Mortuary on his authority, a payment of 5s. for each case would be made by him. The Hospital Board subsequently agreed to this method of payment and in fact on the 18th October, 1933, an agreement was entered into by the Trustees of the Sittingbourne and District Memorial Hospital and the Sittingbourne Urban District Council and the Milton Rural District Council whereby an annual sum of not less than £9 14s. 0d. in the case of the Sittingbourne Council and £3 8s. 0d. in the case of the Rural District Council was payable as from the 1st January, 1931, continuing until the 31st December, 1950, and thereafter for such period and on such terms as might be mutually agreed between the parties to the agreement. It was also agreed that a further sum of 10s. for each body removed to the Mortuary, other than patients dying in the Hospital, for the respective Districts of the Council, should be made in respect of the services of the Mortuary Attendant, the Council being entitled to retain any amount paid by the Coroner out of public funds for the use of the Mortuary for the reception of any body coming under his jurisdiction.

The Memorial Hospital Mortuary continued to be used as a Public Mortuary until its demolition by enemy action in 1941.

EMERGENCY MORTUARY

Prior to 1939, as a Civil Defence emergency arrangement, the Non-conformist Chapel at Sittingbourne Cemetery had been earmarked and converted for use as an emergency Civil Defence Mortuary. After the demolition of the Memorial Hospital Mortuary, the emergency Mortuary came into use, not only for Civil Defence purposes, but also as a Town's Public Mortuary.

In January, 1948, the Ministry of Health enquired as to the present position with regard to the extended use of the emergency Mortuary and equipment at the Burial Ground as a temporary Mortuary. In reply, they were informed that the emergency Mortuary was being used as a temporary Mortuary for the Town owing to the fact that the permanent Mortuary at the Memorial Hospital had been destroyed by enemy action and it was understood that the Ministry had consented to the rebuilding of the Mortuary at the Hospital, but until this could be done, it was essential that the existing facilities should be maintained.

In May, 1948, the Ministry were informed that the emergency Mortuary would not be of permanent use to the Council.

In August, 1948, the Ministry enquired as to the progress which was being made with the rebuilding of the permanent Mortuary at the Memorial Hospital, indicating that if the Mortuary had not yet been completed, they raised no objection to the continued use by the Council of the emergency Mortuary at the Burial Ground, Bell Road, in view of the Civil Defence Circular 20/47. As a result of this enquiry, they were informed that the permanent Mortuary had not yet been completed. Again in December, 1948, the Ministry enquired as to the position at that time with regard to the rebuilding of the permanent Mortuary and were informed that enquiries should be made to the Secretary of the Medway and Gravesend Hospital Management Committee at St. Bartholomew's Hospital, Rochester.

In August, 1949, the Council communicated with the Secretary of the Medway and Gravesend Hospital Management Committee, pointing out that the Council were concerned about the continued use of the temporary Mortuary at the Cemetery pending the rebuilding of the permanent Mortuary which had previously existed at the Memorial Hospital and enquiring if the Hospital Management Committee were likely to take early steps to reinstate the permanent Mortuary at the Hospital and to know that on its restoration it would be available, on suitable terms, to the Council.

The Secretary of the Hospital Management Committee replied that the Council's representations would be communicated to the Regional Hospital Board and added that the Management Committee "very much desires to proceed in the matter as soon as it is able to do so." In June, 1950, the Ministry of Health communicated with the Council, pointing out that the emergency Mortuary accommodation at the Council's Burial Ground was still in use by the Council and that the arrangements should have been terminated long ago. It was also stated that the Minister understood that the present Mortuary accommodation was rarely used. This being so and having regard to the restrictions on capital expenditure he had some hesitation in suggesting the provision of a new building. He did, however, ask the Council to consider the question of taking over the existing accommodation and adapting it for use as a permanent Mortuary and that he would await the submission of their proposals. The Clerk replied informing the Ministry that the Council were at a loss to understand the contents thereof as they were under the impression that the Minister was fully aware of the reason for the continued use of the Mortuary at the Council's Burial Ground and that in January, 1948, the Regional Office of the Ministry was informed that the emergency Mortuary was being used as a temporary Mortuary in the Town and of the reasons for this and that on the 24th August, 1948, the Regional Office of the Ministry informed the Council that if the rebuilding of the permanent Mortuary at the Hospital had not been completed, no objections were raised to the continued use by the Council of the emergency Mortuary in view of Civil Defence Circular 20/47. They were also informed that the Council were of the opinion that the Nonconformist Church at the Burial Ground, which had been converted into an emergency Mortuary should not be made permanent as it could not be regarded as a suitable building. They also indicated that it

was understood that the former Hospital Board were unable to rebuild the destroyed Mortuary owing to their not being able to obtain a building licence and that the matter had been placed before the Medway and Gravesend Hospital Management Committee with a view to early reinstatement of the permanent Mortuary.

In November, 1950, the Clerk again communicated with the Secretary of the Medway and Gravesend Hospital Management Committee, pointing out that the present arrangements at the temporary Mortuary at the Sittingbourne Burial Ground continued to be most unsatisfactory and asked if anything could be done to expedite the rebuilding of the Mortuary at the Hospital. In reply, the Secretary of the Hospital Management Committee "sympathetically acknowledged" receipt of the Clerk's letter and stated that the matter would certainly be kept in mind should a favourable opportunity arise to expedite the rebuilding of the Mortuary at the Sittingbourne Memorial Hospital. It was also indicated that the Committee had regularly included this scheme in the capital estimates submitted annually to the Regional Hospital Board, but the limitation on capital expenditure restricted the progress of other than first priority building schemes.

USE OF THE MORTUARY

Enquiries have been made with regard to the extent the Mortuary is used and from the records available, it would appear that the following were the number of bodies received at the Hospital Mortuary during the following years:—

1931	...	14	1936	...	28
1932	...	19	1937	...	24
1933	...	29	1938	...	16
1934	...	29	1939	...	31
1935	...	25	1940	...	33

From 1941 until 1948 there does not appear to have been any accurate records kept of the bodies received at the emergency Mortuary. A certain amount of information for the years 1948 to 1950 inclusive is available, but this relates only to the number of bodies received at the emergency Mortuary upon which post-mortem examinations were carried out. The records show that in 1948, four post mortems were carried out, nine in 1949 and 16 in 1950. I am, however, informed that these figures do not reflect a true picture of the use of the emergency Mortuary as it is understood, for example, that for the year 1950, in addition to the 16 bodies upon which post mortem examinations were carried out, there were at least 16 further bodies received into the Mortuary.

In view of the acknowledged unsatisfactory conditions of the emergency Mortuary, informal enquiries have been made as to the possibility of utilising, by agreement with the Regional Hospital Board, an existing Mortuary at the Milton Hospital. The Milton Hospital Mortuary, which is an old building and at the present time in a far from satisfactory structural condition, is designed to accommodate four bodies. These bodies are accommodated on fixed slabs. The accommodation seems to be, on occasions, barely sufficient for the Hospital Authorities purposes. In addition, adjoining the lying in room, there is a room which was originally designed as a post mortem room which, because of its present condition, is not used for that purpose.

It is quite clear that the present Mortuary at the Milton Hospital would not be adequate or suitable for use as a Town Mortuary as well as for the Hospital's purposes. On the other hand, the siting of a Mortuary in conjunction with a Hospital is advantageous from many points of view, particularly with regard to care, maintenance and the services of a Mortuary attendant.

The question of whether or not a suitable Mortuary should be erected by the Council must be influenced by factors which have come to light during the present enquiry into the position. I am informed that a complete pathological unit is to be established in the Medway Towns based at the All Saints' Hospital, and that it is the intention in the near future to have all post mortem examinations carried out by a specialist Pathological Staff. If this scheme materialises, it is clear that all bodies upon which a post mortem examination is required will be dealt with by the Pathological Laboratory at All Saints'. This would reduce the number of bodies required to be dealt with at the Town Mortuary, but in the absence of precise information, it would appear that provision would have to be made for the reception of bodies upon which post mortem examination is not required. The effect of this would be that any arrangements made after initiation of the Pathological Laboratory referred to would not necessitate the provision and equipment of a post mortem room, thus reducing the cost of any accommodation to be provided.

It would appear, subject to enquiries being made as to the position of the pathological unit based on All Saints' Hospital, that it might be worthwhile to try and reach agreement with the Hospital Board with a view to modernisation of the existing Milton Hospital Mortuary so as to render it suitable for use not only for the Hospital Authorities, but also as a Town Mortuary.

The question of the provision of emergency mortuary accommodation under the present Civil Defence Scheme has not been dealt with in this present report.

12th April, 1951.